

## APPLICATION FOR WELL PERMIT

ENVIRONMENTAL HEALTH 2525 Corporate Place Monterey Park, Ca 91754

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

DATE

6-25-98

DESCRIPTION

## TYPE OF PERMIT (CHECK)

- ☒ NEW WELL CONSTRUCTION <sup>nine</sup> (Temporary)  
☐ RECONSTRUCTION OR RENOVATION  
☒ DESTRUCTION

## TYPE OF WELL

- ☐ PRIVATE DOMESTIC  
☐ PUBLIC DOMESTIC  
☐ IRRIGATION  
☒ OBSERVATION/MONITORING  
☐ CATHODIC  
☐ INDUSTRIAL  
☐ GRAVEL PACK  
☐ TEST

## TYPE OF CASING

2-inch diameter PVC schedule 40; 20 feet with 0.01 slot, 65 feet ~~above~~ of blank

## METHOD OF SEALING OF CASING

2-5 feet thickness of hydrated bentonite - see typical well construction detail attached

## METHOD OF DESTRUCTION

Remove top 5-10 feet of casing, pressure grout through the screened interval, casing and annulus grout to within 6 inches of ground surface, restore ground surface to original condition

## ADDRESS (NUMBER, STREET, AND NEAREST INTERSECTION)

CITY

19503 South Normandie Avenue Normandie and 190th Los Angeles

DIAGRAM (SHOW PROPERTY LINES, STREET, ADDRESS, WELL SITE, SEWERS, AND PRIVATE SEWAGE DISPOSAL SYSTEMS ALONG WITH LABELS AND DIMENSIONS)

See attached map

LOCATION

Permit to install (9) decontaminating wells

## NAME OF WELL DRILLER (PRINT)

West Hazmat

## TRADE NAME

## NAME OF WELL OWNER (PRINT)

Boeing Realty Company

## MAILING ADDRESS

4060 Lakewood Bl. Fifth floor

## BUSINESS ADDRESS

CITY

1016 E. Katella

Anaheim, CA

CITY

Long Beach, CA 90808

APPLICANT

I hereby agree to comply in every respect with all regulations of the County Preventive/Public Health Services and with all ordinances and laws of the County of Los Angeles and of the State of California pertaining to well construction, reconstruction and destruction. Upon completion of well and within ten days thereafter, I will furnish the County Preventive/Public Health Services with a complete log of the well, giving date drilled, depth of well, all perforations in casing, and any other data deemed necessary by such County Preventive/Public Health Services.

Applicant's Signature

## DISPOSITION OF APPLICATION: (For Sanitarians Use Only)

- ☒ APPROVED ☐ DENIED  
☐ APPROVED WITH CONDITIONS

If denied or approved with conditions, report reason or condition here:

DATE

SANITARIAN

DATE

SECTION CHIEF

BOE-C6-0006048